

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of Biennial Construction Survey by Dennis Harrell on 8/17/2016.</p> <p>Records indicate this facility was first licensed on 7-28-1994. The facility is currently licensed for 64 residents. Therefore, we are requiring this facility to meet the 1991 rules Homes For The Aged and Disabled (Minimum Standards and Regulations) and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code Section 409 Institutional Unrestrained Occupancy.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility recently installed Special (magnetic) Locking on the 3</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	<p>Continued From page 1</p> <p>exits from the Special Care Unit. Based on interview with the facility owner and staff and with the installer, Delayed Egress locking was previously provided at those 3 exits. The Delayed Egress failed about 6 weeks before the survey and was "repaired." However, the repair changed the function of the existing Delayed Egress to Special (magnetic) Locking. The alteration from Delayed Egress to Special Locking was done without the knowledge or approval of the local Building Inspection Department, local Fire Marshal's office and the DHSR Construction Section as required by Section 407.11.4 of the 2012 NC State Building Code.</p> <p>Note; A Plan of Protection was accepted in which the facility agreed to change the locking back to Delayed Egress. It further stated that if, in the future, the locking is to be changed to Special Locking, proper documentation will be submitted for review and approval.</p> <p>2. Based on observation, the Special (magnetic) Locking that had been recently installed, failed to comply with Section 407.11.3.3, Section 407.11.3.4 and Section 407.11.3.5 of the 2012 NC State Building Code.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. There was no wiring diagram and systems component location map provided under glass adjacent to the fire alarm panel. b. There was no emergency release switch, capable of releasing all the locks in Special Care was provided in any area that was manned 24 hours. c. There was no emergency release switch provided within 3 feet of each locked door. <p>Note; A Plan of Protection was accepted in which the facility agreed to change the locking back to Delayed Egress. It further stated that if, in the</p>	C 101		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 2 future, the locking is to be changed to Special Locking, proper documentation will be submitted for review and approval. 3. Based on interview, the Special Locking was to be returned to Delayed Egress Locking. Based on observation, the exit doors will fail to comply with Section 1008.1.9.7.5 of the 2012 NC State Building Code. Section 1008.1.9.7.5 requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS."	C 101		
C 140	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room; This Rule is not met as evidenced by: Based on observation, items stored in the corridor in front of the door to the clean linen room rendered the door unusable. The result was the clean linens had to be carried through the soiled linen area.	C 140		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	<p>Continued From page 3</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on observation, the Special Care courtyard is in a required exit path. The courtyard is not large enough to provide a safe refuge in a fire and the courtyard gate is padlocked closed. Based on interview, most staff did not carry a key to the lock. Note: A Plan of Protection was accepted which stated all staff responsible for evacuation of the residents in an emergency will carry a key to the gate at all times while on duty. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: <ol style="list-style-type: none"> Several portable medical oxygen cylinders were stored in bedroom 110 in an unapproved beverage crates. Several portable medical oxygen cylinders were stored in bedroom 217 in unapproved beverage crates and in no container at all. Based on observation, the exit corridor near the TV room and Dining room was obstructed with a floor buffer and 4 wheel chairs to only about 3.5 feet of clear width. At least 6 feet of clear width must be maintained in corridors at all times. Based on observation, the exit corridor by the 	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 4 laundry was obstructed with 7 mattresses, 25 boxes of diapers and 3 large cardboard boxes containing PTAC units. Corridors must not be used as storage spaces. 5. Based on a review of documents, the fire extinguishers are not being inspected monthly as required. Fire extinguishers that are not inspected may fail to operate properly in a fire. 6. Based on a review of documents, the range hood fire suppression system is not being inspected monthly as required. Fire suppression systems that are not inspected may fail to operate properly in a fire.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on a review of documents, the only records available onsite did not list the time of the rehearsal.	C 185		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 185	Continued From page 5 2. Based on a review of documents, the only records available onsite included no description of what the rehearsal involved.	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Non-functioning lights are located: a. Corridor near Administrator's office, b. Kitchen.</p> <p>2. Based on observation, an exit sign in the Assisted Living dining room was not working. Unilluminated exit signs could delay or prevent an evacuation in an emergency.</p> <p>3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 6</p> <p>Findings include;</p> <ul style="list-style-type: none"> a. The 20 minute fire rated door near the front door did not close completely and latch when activated by the fire alarm system. b. The smoke barrier doors near the Activity room did not close completely when activated by the fire alarm system. c. One of the smoke barrier doors in Special Care did not close completely when activated by the fire alarm system. d. The doors to bedrooms 101, 105 and 213 would not close and latch. e. The door to bedroom 215 would not latch when closed and did not fit the opening well enough to be resistant to the passage of smoke and fire. f. The door to bedroom 207 did not fit the opening well enough to be resistant to the passage of smoke and fire. g. The door to bedroom 104 was hard to close and open. h. The door to bedroom 106 cannot close and latch because the bed extends into the doorway. <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. Cracks in the ceiling of the main electrical room, b. Hole in the wall in the laundry corridor, c. Hole in the ceiling at wires in the RCC office, d. Hole in the ceiling at wires in the Administrator's office, e. Damaged ceiling in med room, f. Hole in ceiling at nurse station on the Assisted 	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 7 Living side, g. Holes in the ceiling of the electrical room where the fire alarm panel is located, h. Sprinkler escutcheons were missing or not tightly fitted to the ceiling to maintain the fire resistance in the following locations; i. Corridor between the Living room and Dining room, ii. Assisted Living Dining room (2), iii. Recreation room, iv. Activity room.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, there was no exhaust fan provided in the mop/housekeeping closet. 2. Based on observation, the exhaust fans provided were not working in the bathrooms off bedrooms 202 and 205.	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE